

5. STATE PLAN REPORT

Attachment 4.19-B

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Average Payment - Pediatricians

Proc. Code	Procedure Description	Total Region 6 Avg. Pay.	Total Region 5 Avg. Pay.	Total Region 4 Avg. Pay.	Total Region 3 Avg. Pay.	Total Region 2 Avg. Pay.	Total Region 1 Avg. Pay.
A. OFFICE AND OTHER OUTPATIENT MEDICAL SERVICES							
NEW PATIENT							
99201	Office and other outpatient visit, new patient, typically 10 minutes	\$34.49	\$30.44	\$31.87	\$31.15	\$26.31	\$33.11
99202	typically 20 minutes	\$52.50	\$51.23	\$51.48	\$50.33	\$52.22	\$47.21
99203	typically 30 minutes	\$67.51	\$70.25	\$68.37	\$72.51	\$71.30	\$66.11
99204	typically 45 minutes	\$95.67	\$101.48	\$99.21	\$109.85	\$104.70	\$103.15
99205	typically 60 minutes	\$135.52	\$135.02	\$129.06	\$137.58	\$135.25	\$95.25
ESTABLISHED PATIENT							
99211	Office and other outpatient visit, established patient, typically 5 minutes	\$15.33	\$15.43	\$15.46	\$16.64	\$16.04	\$14.00
99212	typically 10 minutes	\$28.38	\$27.84	\$28.66	\$27.77	\$29.35	\$27.96
99213	typically 15 minutes	\$41.42	\$41.63	\$41.72	\$42.00	\$42.10	\$42.62
99214	typically 25 minutes	\$59.36	\$63.41	\$62.92	\$63.17	\$63.05	\$58.37
99215	typically 40 minutes	\$94.56	\$99.44	\$100.44	\$99.20	\$78.42	\$124.88
B. PREVENTIVE MEDICINE							
NEW PATIENT							
99381	Initial evaluation & management of a healthy individual, new patient, infant (under 1 year)	\$53.30	\$50.86	\$54.61	\$54.06	\$53.33	\$53.09
99382	early childhood (age 1 through 4 years)	\$57.29	\$58.83	\$62.69	\$63.15	\$61.78	\$59.08
99383	late childhood (age 5 through 11 years)	\$67.84	\$64.20	\$70.29	\$71.84	\$70.21	\$63.15
99384	adolescent (age 12 through 17 years)	\$73.79	\$71.97	\$74.25	\$76.29	\$76.45	\$61.65
ESTABLISHED PATIENT							
99391	Initial evaluation & management of a healthy individual, established patient, infant (under 1 year)	\$42.35	\$42.82	\$42.37	\$42.60	\$43.09	\$41.19
99392	early childhood (age 1 through 4 years)	\$49.38	\$50.30	\$50.39	\$50.29	\$50.34	\$47.61
99393	late childhood (age 5 through 11 years)	\$54.39	\$57.05	\$57.28	\$57.67	\$57.45	\$51.39
99394	adolescent (age 12 through 17 years)	\$60.22	\$62.51	\$61.73	\$62.09	\$58.79	\$56.58
C. IMMUNIZATION INJECTIONS							
90701	Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DPT)	\$6.03	\$5.40	\$6.23	\$6.07	\$8.29	\$7.02
90707	measles, mumps and rubella virus vaccine, live	\$7.41	\$5.86	\$6.58	\$6.42	\$10.64	\$12.99
90712	poliovirus vaccine, live, oral (any type(s))	\$6.24	\$5.71	\$6.07	\$5.99	\$9.89	\$8.59
90737	Hemophilus influenza B	\$6.15	\$5.88	\$7.55	\$6.23	\$9.53	\$11.08
90744	Immunization, active hepatitis B vaccine; newborn to 11 years	\$7.29	\$8.88	\$10.16	\$7.53	\$12.97	\$15.14
90745	11-19 years	\$11.18	\$9.23	\$14.97	\$8.71	\$12.85	\$25.49

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Average Payment - Family Practitioners		Total					
Proc. Code	Procedure Description	Region 6 Avg. Pay.	Region 5 Avg. Pay.	Region 4 Avg. Pay.	Region 3 Avg. Pay.	Region 2 Avg. Pay.	Region 1 Avg. Pay.
A. OFFICE AND OTHER OUTPATIENT MEDICAL SERVICES							
NEW PATIENT							
99201	Office and other outpatient visit, new patient, typically 10 minutes	\$ 31.96	\$ 33.09	\$ 32.77	\$ 33.71	\$ 33.32	\$ 33.71
99202	typically 20 minutes	\$ 52.43	\$ 52.74	\$ 51.28	\$ 52.60	\$ 49.04	\$ 51.28
99203	typically 30 minutes	\$ 70.26	\$ 71.95	\$ 67.12	\$ 72.81	\$ 68.48	\$ 68.07
99204	typically 45 minutes	\$ 101.71	\$ 106.85	\$ 100.76	\$ 65.05	\$ 94.15	\$ 104.64
99205	typically 60 minutes	\$ 120.91	\$ 129.60	\$ 122.18	\$ 109.52	\$ 133.20	\$ 125.48
ESTABLISHED PATIENT							
99211	Office and other outpatient visit, established patient, typically 5 minutes	\$ 15.03	\$ 15.30	\$ 15.2	\$ 16.06	\$ 15.23	\$ 15.56
99212	typically 10 minutes	\$ 28.73	\$ 29.26	\$ 28.55	\$ 28.91	\$ 29.47	\$ 29.41
99213	typically 15 minutes	\$ 41.39	\$ 41.42	\$ 39.78	\$ 41.96	\$ 40.37	\$ 41.54
99214	typically 25 minutes	\$ 63.14	\$ 61.93	\$ 63.08	\$ 63.49	\$ 60.49	\$ 60.90
99215	typically 40 minutes	\$ 97.10	\$ 99.23	\$ 89.77	\$ 89.83	\$ 93.56	\$ 89.44
B. PREVENTIVE MEDICINE							
NEW PATIENT							
99381	Initial evaluation & management of a healthy individual, new patient; infant (under 1 year)	\$ 50.76	\$ 52.87	\$ 52.98	\$ 53.90	\$ 53.70	\$ 51.62
99382	early childhood (age 1 through 4 years)	\$ 58.13	\$ 62.74	\$ 59.38	\$ 59.22	\$ 60.98	\$ 59.39
99383	late childhood (age 5 through 11 years)	\$ 64.24	\$ 65.74	\$ 67.84	\$ 68.76	\$ 69.18	\$ 64.82
99384	adolescent (age 12 through 17 years)	\$ 69.18	\$ 70.93	\$ 69.69	\$ 69.96	\$ 71.39	\$ 73.05
ESTABLISHED PATIENT							
99391	Initial evaluation & management of a healthy individual, established patient; infant (under 1 year)	\$ 41.23	\$ 42.21	\$ 42.74	\$ 42.90	\$ 43.28	\$ 41.74
99392	early childhood (age 1 through 4 years)	\$ 47.14	\$ 50.45	\$ 50.25	\$ 51.14	\$ 49.59	\$ 48.39
99393	late childhood (age 5 through 11 years)	\$ 54.21	\$ 57.07	\$ 56.21	\$ 55.46	\$ 57.85	\$ 55.28
99394	adolescent (age 12 through 17 years)	\$ 54.94	\$ 60.44	\$ 59.94	\$ 54.64	\$ 57.45	\$ 55.48
C. IMMUNIZATION INJECTIONS							
90701	Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DPT)	\$ 6.03	\$ 5.87	\$ 6.01	\$ 6.99	\$ 6.96	\$ 5.91
90707	measles, mumps and rubella virus vaccine, live	\$ 8.22	\$ 7.78	\$ 7.08	\$ 7.53	\$ 12.08	\$ 8.34
90712	poliovirus vaccine, live, oral (any type(s))	\$ 6.06	\$ 6.13	\$ 6.2	\$ 7.13	\$ 7.21	\$ 6.36
90737	Hemophilus influenza B	\$ 6.90	\$ 6.47	\$ 7.34	\$ 7.16	\$ 7.12	\$ 7.41
90744	Immunization, active hepatitis B vaccine; newborn to 11 years	\$ 5.29	\$ 8.58	\$ 9.79	\$ 10.56	\$ 4.00	\$ 7.83
90745	11-19 years	\$ 9.30	\$ 15.30	\$ 19.89	\$ 23.06	\$ 6.05	\$ 12.16

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Average Payment - ARNP/CNM		Total					
Proc. Code	Procedure Description	Region 6 Avg. Pay.	Region 5 Avg. Pay.	Region 4 Avg. Pay.	Region 3 Avg. Pay.	Region 2 Avg. Pay.	Region 1 Avg. Pay.
A. OFFICE AND OTHER OUTPATIENT MEDICAL SERVICES							
NEW PATIENT							
99201	Office and other outpatient visit, new patient, typically 10 minutes	\$ 33.17	\$ 34.11	\$ 33.46	\$ 30.95	\$ 32.54	\$ 33.07
99202	typically 20 minutes	\$ 48.68	\$ 53.89	\$ 51.42	\$ 71.60	\$ 47.74	\$ 52.56
99203	typically 30 minutes	\$ 67.62	\$ 74.20	\$ 67.18	\$ 74.25	\$ 64.66	\$ 61.26
99204	typically 45 minutes	\$ 98.33	\$ 102.49	\$ 96.91	\$ 105.99	\$ 92.72	\$ 95.07
99205	typically 60 minutes	\$ 110.16	\$ 138.63	\$ 121.85		\$ 135.45	\$ 130.00
ESTABLISHED PATIENT							
99211	Office and other outpatient visit, established patient, typically 5 minutes	\$ 15.83	\$ 16.03	\$ 15.92	\$ 14.98	\$ 19.08	\$ 15.69
99212	typically 10 minutes	\$ 28.39	\$ 28.76	\$ 27.59	\$ 29.46	\$ 25.56	\$ 29.85
99213	typically 15 minutes	\$ 40.95	\$ 40.36	\$ 41.06	\$ 54.74	\$ 41.66	\$ 38.98
99214	typically 25 minutes	\$ 59.95	\$ 63.41	\$ 58.48	\$ 63.84	\$ 55.67	\$ 62.64
99215	typically 40 minutes	\$ 77.78		\$ 88.08	\$ 101.05	\$ 90.72	\$ 74.71
B. PREVENTIVE MEDICINE							
NEW PATIENT							
99381	Initial evaluation & management of a healthy individual, new patient; infant (under 1 year)	\$ 48.60	\$ 55.70	\$ 54.9	\$ 49.78	\$ 40.19	\$ 48.57
99382	early childhood (age 1 through 4 years)	\$ 60.47	\$ 64.35	\$ 63.59	\$ 64.05	\$ 56.97	\$ 59.50
99383	late childhood (age 5 through 11 years)	\$ 69.26	\$ 72.99	\$ 71.88	\$ 68.38	\$ 62.29	\$ 72.99
99384	adolescent (age 12 through 17 years)	\$ 66.03	\$ 75.37	\$ 77.3	\$ 77.23	\$ 71.54	\$ 58.32
ESTABLISHED PATIENT							
99391	Initial evaluation & management of a healthy individual, established patient; infant (under 1 year)	\$ 41.39	\$ 43.03	\$ 42.81	\$ 47.52	\$ 38.31	\$ 41.52
99392	early childhood (age 1 through 4 years)	\$ 45.92	\$ 51.28	\$ 49.66	\$ 49.20	\$ 47.85	\$ 48.75
99393	late childhood (age 5 through 11 years)	\$ 53.36	\$ 42.16	\$ 55.01	\$ 59.88	\$ 57.29	\$ 58.85
99394	adolescent (age 12 through 17 years)	\$ 57.42	\$ 63.50	\$ 62.41	\$ 55.57	\$ 63.59	\$ 63.06
C. IMMUNIZATION INJECTIONS							
90701	Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DPT)	\$ 6.78	\$ 7.29	\$ 9.11	\$ 6.26	\$ 5.55	\$ 6.51
90707	measles, mumps and rubella virus vaccine, live	\$ 5.71	\$ 7.23	\$ 10.72	\$ 7.46	\$ 5.62	\$ 8.14
90712	poliovirus vaccine, live, oral (any type(s))	\$ 7.45	\$ 7.51	\$ 7.88	\$ 6.31	\$ 5.24	\$ 6.79
90737	Hemophilus influenza B	\$ 5.91	\$ 7.10	\$ 9.27	\$ 6.67	\$ 4.03	\$ 9.22
90744	Immunization, active hepatitis B vaccine; newborn to 11 years	\$ 6.38	\$ 7.62	\$ 11.38	\$ 12.28	\$ 11.13	\$ 7.52
90745	11-19 years	\$ 9.00	\$ 11.02	\$ 13.71		\$ 4.19	

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B. MAXIMUM MEDICAID PAYMENT FOR LISTED PRACTITIONER OBSTETRICAL SERVICES

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Procedure Code	Average Payment - OB/GYNs Procedure Description	Total Region 6 Avg. Pay.	Total Region 5 Avg. Pay.	Total Region 4 Avg. Pay.	Total Region 3 Avg. Pay.	Total Region 2 Avg. Pay.	Total Region 1 Avg. Pay.
1. MATERNITY CARE AND DELIVERY							
DELIVERY, ANTEPARTUM AND POSTPARTUM CARE							
59400	Routine obstetric care (all inclusive, "global" care) including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	\$ 1,708.67	\$ 1,698.89	\$ 1,684.44	\$ 1,696.91	\$ 1,722.12	
59409	Vaginal delivery only (with or w/o episiotomy and/or forceps; including postpartum care)	\$ 865.30	\$ 882.17	\$ 830.43	\$ 854.60	\$ 865.64	
59410	External cephalic version, with or without tocolysis	\$ 963.14	\$ 949.23	\$ 977.24	\$ 700.89	\$ 878.65	\$ 980.31
59412	Delivery of placenta (separate procedure)	\$ 70.55	\$ 70.55	\$ 68.74	\$ 70.55	\$ 70.55	\$ 70.55
59414	Routine antepartum care, first trimester	\$ 66.36	-	\$ 59.72	\$ 66.36	\$ 11.06	\$ 22.12
5945M**	Routine antepartum care, second trimester	\$ 192.55	\$ 195.49	\$ 189.24	\$ 183.79	\$ 189.07	\$ 180.21
5946M**	Routine antepartum care, third trimester	\$ 193.15	\$ 196.17	\$ 191.87	\$ 184.13	\$ 190.11	\$ 192.70
5950M**	Total routine trimester care	\$ 318.46	\$ 319.13	\$ 322.11	\$ 303.72	\$ 332.78	\$ 331.82
59425	Antepartum care only; 4-6 visits	\$ 669.19	\$ 560.62	\$ 653	\$ 742.74	\$ 747.49	\$ 738.51
59426	7 or more visits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
59430	Postpartum care only (separate procedure)	\$ 78.29	\$ 94.86	\$ 31.89	\$ 104.52	\$ 92.53	\$ 65.13
**Procedure code assigned by State							
CESAREAN SECTION							
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care.	\$ 1,708.17	\$ 1,613.11	\$ 1,656.07	\$ 1,670.60	\$ 1,700.62	\$ 1,724.36
5947M**	Antepartum and postpartum care and assist at cesarean section	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
59514	Cesarean delivery only;	\$ 270.63	\$ 522.95	\$ 474.08	\$ 304.70	\$ 436.03	\$ 320.14
59515	including postpartum care	\$ 901.27	\$ 951.17	\$ 960.73	\$ 901.63	\$ 853.13	\$ 819.63
59525	Subtotal or total hysterectomy after cesarean delivery (list in addition to 59510 or 59515)	\$ 581.25	\$ -	\$ 348.75	\$ -	\$ -	\$ 348.75
**Procedure code assigned by State							

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B. MAXIMUM MEDICAID PAYMENT FOR LISTED PRACTITIONER OBSTETRICAL SERVICES

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Average Payment - Family Practitioners		Page 17						
Procedure Code	Procedure Description	Total Region 6 Avg. Pay.	Total Region 5 Avg. Pay.	Total Region 4 Avg. Pay.	Total Region 3 Avg. Pay.	Total Region 2 Avg. Pay.	Total Region 1 Avg. Pay.	
1. MATERNITY CARE AND DELIVERY								
DELIVERY, ANTEPARTUM AND POSTPARTUM CARE								
59400	Routine obstetric care (all inclusive, "global" care) including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	\$1,677.36	\$1,711.06	1665.32	\$1,722.57	\$1,715.77	\$1,714.55	
59409	Vaginal delivery only (with or w/o episiotomy and/or forceps; including postpartum care	\$ 855.96	\$ 866.97	863.12	\$ 838.56	\$ 517.27	\$ 864.60	
59410	External cephalic version, with or without tocolysis	\$ 972.68	\$ 874.94	879.32	\$ 834.44	\$ 895.10	\$ 968.58	
59412	Delivery of placenta (separate procedure)	\$ 70.55	\$ 70.55	\$ -	\$ -	\$ -	\$ 56.44	
59414	Routine antepartum care, first trimester	\$ 49.77	\$ 118.93	19.77	\$ -	\$ 66.36	\$ 44.24	
5944M**	Routine antepartum care, second trimester	\$ 165.33	\$ 190.38	192.33	\$ 179.25	\$ 190.16	\$ 187.29	
5945M**	Routine antepartum care, third trimester	\$ 179.60	\$ 193.19	194.34	\$ 183.93	\$ 195.53	\$ 189.71	
5946M**	Total routine trimester care	\$ 291.25	\$ 337.90	322	\$ 328.17	\$ 329.80	\$ 316.85	
5950M**	Antepartum care only; 4-6 visits	\$ 723.12	\$ 747.49	711.85	\$ 622.42	\$ 672.74	\$ 697.77	
59425	7 or more visits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
59426	Postpartum care only (separate procedure)	\$ 263.51	\$ 36.07	57.49	\$ 90.17	\$ 108.21	\$ 100.73	
59430		\$ 36.07						
**Procedure code assigned by State								
CESAREAN SECTION								
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care.	\$1,730.72	\$1,730.72	1730.72	\$1,586.49	\$1,457.57	\$1,678.80	
5947M**	Antepartum and postpartum care and assist at cesarean section	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
59514	Cesarean delivery only;	\$ 368.31	\$ 245.00	179.48	\$ 197.38	\$ 221.92	\$ 268.88	
59515	including postpartum care	\$ 983.23	\$ 127.00	224.55	\$ 786.84	\$ 378.93	\$ 823.53	
59525	Subtotal or total hysterectomy after cesarean delivery (list in addition to 59510 or 59515)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
**Procedure code assigned by State								

B. MAXIMUM MEDICAID PAYMENT FOR LISTED PRACTITIONER OBSTETRICAL SERVICES

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Procedure Code	Average Payment -ARNP/CNM Procedure Description	Total Region 6 Avg. Pay.	Total Region 5 Avg. Pay.	Total Region 4 Avg. Pay.	Total Region 3 Avg. Pay.	Total Region 2 Avg. Pay.	Total Region 1 Avg. Pay.
59400	DELIVERY, ANTEPARTUM AND POSTPARTUM CARE Routine obstetric care (all inclusive, "global" care) including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	\$1,705.64	\$1,730.72	\$1,697.44	\$1,557.48	\$1,730.72	\$1,550.36
59409	Vaginal delivery only (with or w/o episiotomy and/or forceps; including postpartum care	\$566.78	\$875.02	\$291.67	\$875.02	-	\$875.02
59410	External cephalic version, with or without tocolysis	\$972.53	\$983.23	\$767.67	\$928.60	\$983.23	\$830.71
59412	Delivery of placenta (separate procedure)	\$70.55	-	-	-	-	-
59414	Routine antepartum care, first trimester	\$179.69	\$196.96	\$194.75	\$184.24	\$195.79	\$201.04
5945M**	Routine antepartum care, second trimester	\$182.70	\$198.18	\$194.88	\$188.41	\$201.04	\$160.93
5946M**	Routine antepartum care, third trimester	\$345.41	\$317.06	\$320.73	\$310.73	\$255.55	\$329.58
5950M**	Total routine trimester care	\$702.19	\$736.25	\$665.52	\$726.15	\$747.49	\$716.34
59425	Antepartum care only; 4-6 visits	-	-	-	-	-	-
59426	7 or more visits	-	-	-	-	-	-
59430	Postpartum care only (separate procedure)	\$104.81	\$102.33	\$105.59	\$102.75	\$90.17	\$80.92
**Procedure code assigned by State							
CESAREAN SECTION							
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care.	-	\$1,730.72	-	-	-	-
5947M**	Antepartum and postpartum care and assist at cesarean section	-	-	-	-	-	-
59514	Cesarean delivery only;	\$176.50	\$175.00	\$175.00	\$175.00	\$175.00	\$1,050.02
59515	including postpartum care	\$316.59	-	-	-	-	-
59525	Subtotal or total hysterectomy after cesarean delivery (list in addition to 59510 or 59515)	-	-	-	-	-	-
**Procedure code assigned by State							

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

XV Continued - PAYMENT FOR OBSTETRICAL AND PEDIATRIC SERVICES

Section 6306.0:

States must submit by no later than April 1 of each year a state plan amendment that specifies fee-for-service rates effective July first of the same year for obstetrical and pediatric practitioner services. Data submitted must include the average payment amount by procedure code in effect at that time by practitioner.

State Response:

Attachment 4.19-B, Pages 10 through 12a include Washington State's rates and Pages 13 through 18 include Washington State's average payment rates.

Section 6306.1: Adequacy of Access

States must demonstrate the submitted fee-for-service rates will ensure obstetrical and pediatric services are available to Medicaid recipients at least to the extent such services are available to the general population in a geographical area.

State Response:

The Medical Assistance Administration (MAA) of the Washington State Department of Social and Health Services (DSHS) assures the Secretary of the Department of Health and Human Services (DHHS) fee-for-service payment rates for pediatric and obstetrical practitioners' services are sufficient to ensure access for State of Washington Medicaid recipients.

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I. Obstetrical Access:

Access is demonstrated by complying with option 1, the Practitioner Participation Standard, which requires the State of Washington to show at least 50 percent participation of practicing obstetricians/gynecologists (OB/GYNs), family practitioners (FPs), certified nurse midwives (CNMs) and certified family nurse practitioners (CFNPs) in Medicaid.

- A. To satisfy the 50 percent standard, Washington State has defined an actively participating provider as a FP, OB/GYN, CNM, or ARNP who submitted one or more paid claims for obstetrical services to Medicaid in the calendar year. We used the participating providers in managed care plans. Using the above criteria to identify the number of participating providers in managed care plans, we requested from each plan the number of enrolled providers that fit into the participating provider categories. Hospitals were surveyed to obtain the total number of actively practicing providers who had admitting privileges for obstetrical care in the calendar year.

Counties were grouped initially into the six Department of Social and Health Services' service delivery regions. These regions are used by the department in medical and financial eligibility determinations. The state of Washington is made up of urban and rural communities and counties with small populations. For residents to receive medical care they may travel between counties. If there is no hospital located within a county or the hospital does not offer obstetrical services, a resident travels to the adjacent county to receive maternity care. The initial six regions, which showed access of at least 50 percent, (Table 1-1) were further broken into 14 service delivery areas (Table 1-1a). As grouped, there is a short travel distance between the counties which makes it convenient for residents to receive care.

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These areas accurately reflect the patterns of care received by residents in Washington State. Based on data which identifies the number of FPs, OB/GYNs, and ARNPs/CNMs, we determined the following for Washington State: See Tables 1-1 and Table 1-1a.

The number of practitioners in certain specialties is higher for Medicaid than what each hospital's medical staff list. In each managed care plan, the provider specifies a specialty and the managed care plan records are not updated for subsequent changes in specialization as indicated in the hospital. For example, a provider who registered as a obstetrician with a managed care plan may be listed as a family practitioner in the hospital's staffing list because over time the practice evolved as a result of the need for a family practitioner within the community. The records are not revised to reflect this change.

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Table 1-1

NUMBER OF FPs, OB/GYNs & CNM/ARNPs PROVIDING OBSTETRICAL SERVICES FOR MEDICAID CLIENTS COMPARED TO ACTIVELY PRACTICING PHYSICIANS IN WASHINGTON STATE

COUNTY	DSHS Region	Medicaid Participating					Total Practicing					PERCENT-AGE
		OB	FP	ARNP/ CNM	TOTAL ¹		OB	FP	ARNP/ CNM	TOTAL ²		
Region 6	Clallam	6	3	15	1	19	3	21	2	26		73.08%
	Jefferson	6	0	5	0	5	0	5	0	5		100.00%
	Mason	6	1	5	0	6	1	7	1	9		66.67%
	Grays Harbor	6	3	0	0	3	3	0	0	3		100.00%
	Lewis	6	4	3	1	8	4	6	3	13		61.54%
	Pacific	6	0	0	0	0	0	2	0	2		0.00%
	Thurston	6	13	18	4	35	16	27	4	47		74.47%
	Cowlitz	6	8	8	0	16	8	29	0	37		43.24%
	Clark	6	21	14	2	37	22	38	2	62		59.68%
	Klickitat	6	0	9	0	9	1	14	0	15		60.00%
	Skamania	6	0	0	0	0	0	0	0	0	--	
	Wahkiakum	6	0	0	0	0	0	0	0	0	--	
			<u>53</u>	<u>77</u>	<u>8</u>	<u>138</u>	<u>58</u>	<u>149</u>	<u>12</u>	<u>219</u>		63.01%
Region 5	Pierce	5	56	33	7	96	66	99	15	180		53.33%
	Kitsap	5	<u>12</u>	<u>13</u>	<u>0</u>	<u>25</u>	<u>12</u>	<u>21</u>	<u>0</u>	<u>33</u>		75.76%
			<u>68</u>	<u>46</u>	<u>7</u>	<u>121</u>	<u>78</u>	<u>120</u>	<u>15</u>	<u>213</u>		56.81%
Region 4	King	4	135	115	6	256	212	248	29	489		52.35%
Region 3	Island	3	3	3	1	7	3	10	1	14		50.00%
	Snohomish	3	27	38	2	67	31	84	8	123		54.47%
	San Juan	3	0	0	0	0	0	0	0	0	--	
	Skagit	3	9	25	1	35	10	39	3	52		67.31%
	Whatcom	3	<u>9</u>	<u>22</u>	<u>0</u>	<u>31</u>	<u>10</u>	<u>35</u>	<u>0</u>	<u>45</u>		68.89%
			<u>48</u>	<u>88</u>	<u>4</u>	<u>140</u>	<u>54</u>	<u>168</u>	<u>12</u>	<u>234</u>		59.83%
Region 2	Kittitas	2	1	10	0	11	1	11	0	12		91.67%
	Yakima	2	14	19	2	35	16	37	2	55		63.64%
	Benton	2	15	13	3	31	22	26	6	54		57.41%
	Franklin	2	9	4	0	13	12	8	0	20		65.00%
	Asotin	2	0	0	0	0	0	0	0	0	--	
	Columbia	2	0	0	0	0	0	0	0	0	--	
	Garfield	2	0	0	0	0	0	0	0	0	--	
	Walla Walla	2	<u>6</u>	<u>2</u>	<u>0</u>	<u>8</u>	<u>6</u>	<u>6</u>	<u>2</u>	<u>14</u>		57.14%
			<u>45</u>	<u>48</u>	<u>5</u>	<u>98</u>	<u>57</u>	<u>88</u>	<u>10</u>	<u>155</u>		63.23%
Region 1	Chelan	1	9	22	1	32	9	35	1	45		71.11%
	Douglas	1	0	0	0	0	0	0	0	0	--	
	Okanogan	1	0	12	0	12	2	23	3	28		42.86%
	Adams	1	1	6	0	7	1	6	0	7		100.00%
	Grant	1	3	10	0	13	3	19	2	24		54.17%
	Lincoln	1	0	3	0	3	0	4	0	4		75.00%
	Pend Oreille	1	2	1	0	3	2	1	0	3		100.00%
	Ferry	1	0	1	0	1	0	1	0	1		100.00%
	Spokane	1	40	49	4	93	48	87	5	140		66.43%
	Stevens	1	0	10	0	10	0	14	0	14		71.43%
	Whitman	1	<u>3</u>	<u>8</u>	<u>0</u>	<u>11</u>	<u>3</u>	<u>14</u>	<u>0</u>	<u>17</u>		64.71%
			<u>58</u>	<u>122</u>	<u>5</u>	<u>185</u>	<u>68</u>	<u>204</u>	<u>11</u>	<u>283</u>		65.37%

¹Number of OB/GYNs, FPs, & CNMs/ARNPs being reimbursed by plans for providing Washington State Medicaid services during January-December 1996.

²Number of office-based FPs, OB/GYNs and CNMs/ARNPs from hospital survey of physicians with obstetrical privileges during Calendar Year 1996

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